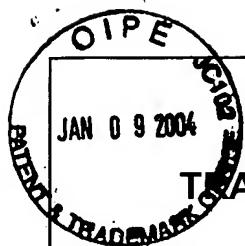


01-12-04 Image AF/1600



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Complete if Known

| | |
|------------------------|-------------------|
| Application Number | 10/073,930 |
| Filing Date | February 14, 2002 |
| First Named Inventor | Gary TAURICK |
| Examiner Name | A. Kubelik |
| Group Art Unit | 1638 |
| Attorney Docket Number | N1305-023 |

Total Number of Pages in This Submission 11

ENCLOSURES (check all that apply)

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input checked="" type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | REMARKS: |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | 1) Express Mail Certificate Label No. |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) | EV207753204US |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

| | | | | | |
|----------------------|-----------------------------------|--------------------------|-----------------|-------------------------|--|
| SUBMITTED BY | | Complete (if applicable) | | | |
| NAME AND REG. NUMBER | Robert J. Jondle, Reg. No. 33,915 | | | | |
| SIGNATURE | | DATE | January 9, 2004 | DEPOSIT ACCOUNT USER ID | |